

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 171	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Miami</u>	or _____	Co. Registrar's No. 237	
City of _____	(No. _____)	Local Registrar's No. _____	
FULL NAME OF CHILD <u>William Ray Bell</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate <u>yes</u>	Date of Birth <u>Apr. 30</u>	Month	Day
1920	Yr.		
FATHER		MOTHER	
Full Name <u>Forest Bell</u>	Full Maiden Name <u>Mable Craig</u>		
Residence <u>Miami, Ariz.</u>	Residence <u>Miami, Ariz.</u>		
Color or Race <u>White</u>	Age at last Birthday <u>24</u>	Color or Race <u>White</u>	Age at last Birthday <u>22</u>
Birthplace <u>Ark.</u>	Years _____	Birthplace <u>Mo.</u>	Years _____
Occupation <u>Converter Puncher in Smelter</u>	Occupation <u>Housewife</u>		
Number of child of this Mother <u>2</u>	Number of Children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Apr. 30, 1920, at 7:30 AM.

*When there is no attending physician or midwife, then the householder should make this return.

Signature C. R. Swackhammer, M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a

supplemental report. _____ 191 _____

623-430-437
COUNTY REGISTRAR.

Filed 4/30/20 1920

Filed May 5 1920 A True Copy

Address Miami, Ariz.

J. H. Slaua
LOCAL REGISTRAR.

R. J. Fox
COUNTY REGISTRAR.